

Exhibit A



April 8, 2015

Leonard A. Szplett
3421 W. 1500 N. Rd
Kankakee, IL 60901

Policy Holder: Kenco
Claimant: Leonard A. Szplett
Insured ID: 9004502859
Policy Number: GRH 674076

Dear Mr. Szplett:

We are writing to you about your claim for Short Term Disability (STD) benefits. These benefits are under the group insurance policy number GRH 674076 for Kenco.

We have completed a review of your claim for Short Term Disability benefits and have determined that no benefits are payable beyond 02/28/2015.

Your policy states:

On page 20:

"Total Disability or Totally Disabled means that You are prevented by:

- 1) Injury;
 - 2) Sickness;
 - 3) Mental Illness;
 - 4) Substance Abuse; or
 - 5) pregnancy;
- from performing the Essential Duties of Your Occupation, and as a result, You are earning 20% or less of Your Predisability Earnings.

If You are in an occupation that requires You to maintain a license, Your failure to pass a physical examination required to maintain a license to perform the duties of Your Occupation alone, does not mean that You are disabled from Your Occupation.

Your Occupation means Your Occupation as it is recognized in the general workplace. Your Occupation does not mean the specific job You are performing for a specific employer or at a specific location."

Benefit Management Services
Minneapolis Disability Claim Office
The Hartford
PO Box 14305
Lexington, KY 40512-4305
Fax (866) 411-5613

On page 12:

"Termination of Payment: *When will my benefit payments end?*

Benefit payments will stop on the earliest of:

- 1) the date You are no longer Disabled;
- 2) the date You fail to furnish Proof of Loss;
- 3) the date You are no longer under the Regular Care of a Physician;
- 4) the date You refuse Our request that You submit to an examination by a Physician or other qualified medical professional;
- 5) the date of Your death;
- 6) the date You refuse to receive recommended treatment that is generally acknowledged by Physicians to cure, correct or limit the disabling condition;
- 7) the last day benefits are payable according to the Maximum Duration of Benefits;
- 8) the date Your Current Weekly Earnings are equal to or greater than 80% of Your Pre-disability Earnings if You are receiving benefits for being Disabled from Your Occupation; or
- 9) the date no further benefits are payable under any provision in The Policy that limits benefit duration."

We based our decision to terminate your claim on policy language. All the information contained in your file was viewed as a whole. This included the following:

- Your Telephonic Application for Short Term Disability Benefits received on 10/28/2014
- Medical records from Dr. Ali for the period 10/28/2014 through 03/31/2015
- An Attending Physician's Statement from Dr. Ali dated 03/05/2015
- A response from Dr. Ali for additional information received on 04/03/2015
- A review of your file by a Clinical Case Manager employed by the Hartford on 04/03/2015

To continue to meet the definition of Total Disability above, you must continue to be unable to perform the essential duties of your occupation as an Office Manager.

Your benefits have been approved from 10/22/2014 through 02/28/2015. We reviewed all of the medical information in your file to decide if you continued to meet the definition of Total Disability after this time period.

In medical records from Dr. Ali, your physician described that on 02/23/2015 you report you are much better with Prozac, you are not taking Xanax much and Dr. Ali notes considerable improvement.

On the Attending Physician's Statement dated 03/05/2015, Dr. Ali notes the mental status examination is normal and you report improvement.

On the 03/31/2015 office notes, you report all medications are working well and you are not taking Xanax and take the Mirtazapine on an as needed basis. The doctor indicates testing scores of 4 and 3 on the PHQ/GAD tests which would indicate minimal symptoms and the next office visit is in 3 months.

As it was unclear based on the medical evidence on file why you were not able to return to work, the Clinical Case Manager contacted Dr. Ali for additional clarification.

A response was received on 04/03/2015 and Dr. Ali indicates the restrictions/limitation of no work are because you might have a relapse if return to same environment. Dr. Ali also notes a considerable improvement in personality and that when a return to work plan was discussed you express concern about returning to the same stressful environment.

The Clinical Case Manager finds that the restrictions and limitations of no work are preventative and that fear of a return to work is not a disabling condition. In addition, office visits being scheduled in 3 month intervals suggests improvements in your condition and you would be considered able to perform your essential job duties with reliability and consistency.

Upon review of all the medical information contained in your file, we are unable to conclude that your medical condition causes you to be prevented from performing the duties of your occupation beyond 02/28/2015 including.

Because the combined information in your file does not show that you are unable to perform the essential duties of your occupation on a full time basis as of 03/01/2015, we must deny your claim for STD benefits beyond 02/28/2015.

The Employee Retirement Income Security Act of 1974 (ERISA) gives you the right to appeal our decision and receive a full and fair review. You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim. If you do not agree with our denial, in whole or in part, and you wish to appeal our decision, you or your authorized representative must write to us within one hundred eighty (180) days from the receipt of this letter. Your appeal letter should be signed, dated and clearly state your position. Please include your printed or typed full name, Policyholder, and at least the last four digits of your Social Security Number with your appeal letter (i.e. xxx-xx-1234). Along with your appeal letter, you may submit written comments, documents, records and other information related to your claim.

Once we receive your appeal, we will again review your entire claim, including any information previously submitted and any additional information received with your appeal. Upon completion of this review, we will advise you of our determination. After your appeal, and if we again deny your claim, you then have the right to bring a civil action under Section 502(a) of ERISA.

Please send your appeal letter to:

The Hartford
P.O. Box 14087
Lexington, KY 40512-4087

If you have any questions, please feel free to contact our office at (800) 549-6514, x2304524. My office hours are 6:30 AM - 3:00 PM EDT, Monday through Friday. Information may be faxed to (855) 339-7249.

Sincerely,

Steven J. Wright

Steven J. Wright, Senior Ability Analyst
Hartford Life and Accident Insurance Co.

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